### 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 807166** 

Entity Name: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE

**COMPANY** 

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Feb 08, 2025 Secretary of State 5593084805CC

**FILED** 

#### **Current Principal Place of Business:**

TWO NORTH SECOND STREET HARRISBURG, PA 17101

# **Current Mailing Address:**

TWO NORTH SECOND STREET HARRISBURG, PA 17101

FEI Number: 23-0961349 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREGORY R. STINE

02/08/2025

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT AND CEO Title CFO

Name BRANDON, ROBERT Name ANDERSON, JACQUELYN M

Address TWO NORTH SECOND STREET Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101 City-State-Zip: HARRISBURG PA 17101

Title D Title C

Name FOSTER, CONSTANCE BOUDREAU Name FERRERO, CAROLE

Address TWO NORTH SECOND STREET Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101 City-State-Zip: HARRISBURG PA 17101

Title D Title I

Name BUHL, GEORGE LAWRENCE Name GLESSNER, MARK BRIAN

Address TWO NORTH SECOND STREET Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101 City-State-Zip: HARRISBURG PA 17101

Title D Title D

 Name
 SEARS, CHRISTINE
 Name
 SWANSON, STEPHEN LEONARD

 Address
 TWO NORTH SECOND STREET
 Address
 TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101 City-State-Zip: HARRISBURG PA 17101

# Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BRANDON PRES

Electronic Signature of Signing Officer/Director Detail

PRESIDENT AND CEO

02/08/2025

### Officer/Director Detail Continued:

Title D

Name HERRO, MICHAEL NELS

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title D

Name RINALDI, ELLEN

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title CORPORATE SECRETARY

Name YARRISH, KAREN CREASIA

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title DIRECTOR

Name BLACK, DAVID E

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title DIRECTOR

Name POWELL, ROBERT J

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title D

Name FISHER, TODD RICHARD

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title D

Name SHUTTS, KENNETH ROBERTSO
Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title SR VICE PRESIDENT-INSURANCE

**OPERATIONS** 

Name FOSTER, JOHN VANVALZAH
Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101

Title DIRECTOR

Name KOPPENHEFFER, JANE D

Address TWO NORTH SECOND STREET

City-State-Zip: HARRISBURG PA 17101